

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 25 / 2014 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		463302.78
(b) Cash on Hand at Beginning of Reporting Period.....	624509.53	
(c) Total Receipts (from Line 19)	9778.45	520585.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	634287.98	983887.98
7. Total Disbursements (from Line 31)	13500.00	363100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	620787.98	620787.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	9140.07	291664.52
(ii) Unitemized	638.38	32170.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	9778.45	323835.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	191750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	9778.45	515585.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	9778.45	520585.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	9778.45	520585.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	355000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5.00
29. Other Disbursements	0.00	8095.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13500.00	363100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	363100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9778.45	515585.20
34. Total Contribution Refunds (from Line 28(d))	0.00	5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9778.45	515580.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1156427138716

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. John Patterson

Mailing Address 10075 Red Run Blvd

City State Zip Code
Owings Mills MD 21117-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Senior Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1231727538716

Amount of Each Receipt this Period

33.00

P/R Deduction (\$11.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. W. Bryant Sadler

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Staff Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1415470238716

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

213.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Mandana Parsazad

Mailing Address 1914 Horse Shoe Drive

City State Zip Code
 Vienna VA 22182-3755

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Counsel, Taxes & Retirement Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : PR1481799838716

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Gail S. HoeflichMailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
 Washington DC 20001-2140

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legislative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : PR1565786738716

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Shannon N. SalinasMailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
 Washington DC 20001-2140

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Taxes & Retirement Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : PR1647849738716

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Doug Murphy

Mailing Address 10075 Red Run Blvd

City State Zip Code
 Owings Mills MD 21117-4887

FEC ID number of contributing federal political committee.

C

Name of Employer
 Baltimore Life Insurance Company

Occupation
 Vice President, Independent Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2014

Transaction ID : PR1715999338716

Amount of Each Receipt this Period

14.43

P/R Deduction (\$4.81 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen F. KiernanMailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
 Washington DC 20001-2140

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Council of Life Insurers

Occupation
 Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2774.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2014

Transaction ID : PR1728112738716

Amount of Each Receipt this Period

240.00

P/R Deduction (\$80.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn C. CobbMailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Council of Life Insurers

Occupation
 Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2753.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2014

Transaction ID : PR1821819638716

Amount of Each Receipt this Period

344.22

P/R Deduction (\$114.74 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

598.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Honora Dirk A. Kempthorne

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1871324538716

Amount of Each Receipt this Period

624.99

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Lisa Smith

Mailing Address 800 North Magnolia Ave.
Suite 1400

City State Zip Code
Orlando FL 32803-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1871488838716

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Brian Waidmann

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR1872428338716

Amount of Each Receipt this Period

600.00

P/R Deduction (\$200.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1284.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Peter J. Bautz

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Vice President, Taxes and Retirement S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR1903849838716

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jim Pyc

Mailing Address 9124 MidPines Court

City Orlando State FL Zip Code 32819-4307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hannover Life Reassurance Company of A

Occupation
EVP, financial Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR1948888438716

Amount of Each Receipt this Period

36.00

P/R Deduction (\$12.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Stephen A Elliott

Mailing Address 8906 Quail Ridge Lane

City Lenox State KS Zip Code 66220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Security

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR1964224838716

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

126.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brenda Gordanier

Mailing Address 11913 E. 86th St.

City

Raytown

State

MO

Zip Code

64138-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fidelity Security

Occupation

AVP - Reinsurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR1964225338716

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. William R Hobbs

Mailing Address 13005 Windsor Circle

City

Leawood

State

KS

Zip Code

66209-1793

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fidelity Security

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR1964225738716

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Anita PeduzziMailing Address 101 Constitution Avenue
Suite 700 W

City

Washington

State

DC

Zip Code

20001-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR1978714938716

Amount of Each Receipt this Period

125.01

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua T. Mauthe

Mailing Address 2210 12th St NW

City

Washington

State

DC

Zip Code

20009-4404

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Meeting Planner-Special Projects Coord

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR1978715638716

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Seaver J. J Sowers

Mailing Address 101 Constitution Avenue NW

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Director, Federal Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR2018796038716

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Paul SmithMailing Address 800 N Magnolia Avenue
Suite 1400

City

Orlando

State

FL

Zip Code

32803-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

SVP, Chief Information Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR2019034838716

Amount of Each Receipt this Period

31.50

P/R Deduction (\$10.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

136.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maria Lauterette

Mailing Address 800 N Magnolia Avenue
Suite 1400

City State Zip Code
Orlando FL 32803-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

VP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR2019035338716

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jessica M. M Hanson

Mailing Address 1707 Prince St.
#2

City State Zip Code
Alexandria VA 22314-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR2023274638716

Amount of Each Receipt this Period

125.10

P/R Deduction (\$41.70 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mariana E. E Gomez

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR2122881838716

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Emily C. C Micale

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR2122882038716

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. James Szostek

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR2122891038716

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Carly L. L McCallie

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Law & Regulation Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR2160513338716

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ian F. F Steger

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Legislative Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR2160513738716

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4279.69

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR771358238716

Amount of Each Receipt this Period

534.96

P/R Deduction (\$178.32 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Carl B. Wilkerson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
VP & Chief Counsel, Securities & Litig

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR771358338716

Amount of Each Receipt this Period

25.50

P/R Deduction (\$8.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

635.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1396.07

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR771362438716

Amount of Each Receipt this Period

174.51

P/R Deduction (\$58.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Roberta B. Meyer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR771362738716

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR771365438716

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

294.51

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3697.45

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771373238716

Amount of Each Receipt this Period

462.18

P/R Deduction (\$154.06 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.65

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771373538716

Amount of Each Receipt this Period

96.33

P/R Deduction (\$32.11 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2068.07

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771374038716

Amount of Each Receipt this Period

258.51

P/R Deduction (\$86.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

817.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771374338716

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.80

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771376838716

Amount of Each Receipt this Period

87.60

P/R Deduction (\$29.20 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. John W. Mangan CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771377138716

Amount of Each Receipt this Period

300.00

P/R Deduction (\$100.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

432.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Kimberly O. Dorgan

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Executive Vice President, Publi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : PR771395138716

Amount of Each Receipt this Period

624.99

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Olivia H. Gillis

Mailing Address 101 Constitution Ave, NW
 Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Assoc. Director, Legislative & Regulat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : PR771408138716

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Maria L. Palacios

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Managing Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.44

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : PR771408838716

Amount of Each Receipt this Period

31.68

P/R Deduction (\$10.56 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

686.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Paul S. S. Graham III

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Insurance Regulation & Chief Actua

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR771412638716

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Morris R. Goff

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2442.01

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR771419338716

Amount of Each Receipt this Period

305.25

P/R Deduction (\$101.75 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Brenda S. Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR771419938716

Amount of Each Receipt this Period

225.00

P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

590.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771421038716

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Michael Lovendusky

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771421138716

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Jeffry J. Janoska

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.31

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771423138716

Amount of Each Receipt this Period

37.29

P/R Deduction (\$12.43 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

247.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Lisa J. Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771423238716

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Nina Aponte

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Senior Staff Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771425338716

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. John P. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771428738716

Amount of Each Receipt this Period

225.00

P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3248.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2014

Transaction ID : PR771428938716

Amount of Each Receipt this Period

406.02

P/R Deduction (\$135.34 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Miriam Krol

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Long Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2014

Transaction ID : PR771434038716

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Kynondo Lewis

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legal Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2014

Transaction ID : PR771439638716

Amount of Each Receipt this Period

34.38

P/R Deduction (\$11.46 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

470.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2385.11

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR771444338716

Amount of Each Receipt this Period

298.14

P/R Deduction (\$99.38 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. T. Scott Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR771444938716

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Andrew M. Melnyk

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Managing Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.59

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : PR771445838716

Amount of Each Receipt this Period

61.95

P/R Deduction (\$20.65 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

420.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771449638716

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. John K. Bruins

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.31

Date of Receipt

12 / 31 / 2014

Transaction ID : PR771450138716

Amount of Each Receipt this Period

51.54

P/R Deduction (\$17.18 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Maurice A. Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

12 / 31 / 2014

Transaction ID : PR805149138716

Amount of Each Receipt this Period

624.99

P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

826.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Wayne A. Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2014

Transaction ID : PR904819538716

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

9140.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends for Harry Reid

Mailing Address PO Box 19163

City	State	Zip Code
Las Vegas	NV	89132

Purpose of Disbursement
Redesignate previously reported check

011

Candidate Name

Harry Reid

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2014

Transaction ID : 63125697

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Redesignate previously reported check

Full Name (Last, First, Middle Initial)

B. The Freedom FundMailing Address 701 8th Street NW
Suite 500

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Void - The Freedom Fund

011

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2014

Transaction ID : 63176582

Amount of Each Disbursement this Period

-2500.00

Void - The Freedom Fund

Full Name (Last, First, Middle Initial)

C. HellerHighWater PAC

Mailing Address P O Box 370672

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement

011

Candidate Name

HellerHighWater PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

Transaction ID : 63315767

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mchenry For Congress

Mailing Address PO Box 1406

City	State	Zip Code
Hickory	NC	28601

Purpose of Disbursement

011

Candidate Name

Rep. Patrick McHenry

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2014

Transaction ID : 63315768

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address P O Box 1496

City	State	Zip Code
Louisville	KY	40201

Purpose of Disbursement

011

Candidate Name

Mitch McConnell

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: KY District: 2014 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2014

Transaction ID : 63315769

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Larson for Congress

Mailing Address P O Box 479

City	State	Zip Code
Glastonbury	CT	06033

Purpose of Disbursement

011

Candidate Name

John Larson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2014

Transaction ID : 63315770

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thom Tillis Committee

Mailing Address PO Box 97396

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement

011

Candidate Name

Thom Tillis

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: NC

District:

2014 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

Transaction ID : 63315771

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cotton For Senate

Mailing Address PO Box 379

City	State	Zip Code
Dardanelle	AR	72834

Purpose of Disbursement

011

Candidate Name

Thomas Cotton

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: AR

District:

2014 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

Transaction ID : 63315772

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Montanans For Tester

Mailing Address PO Box 1135

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement

011

Candidate Name

Sen. Jon Tester

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

Transaction ID : 63315773

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heller For Senate

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement

011

Candidate Name

Sen. Dean Heller

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: NV

District:

2014 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Transaction ID : 63315774

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of SchumerMailing Address 192 Lexington Avenue
Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement

011

Candidate Name

Charles Schumer

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Transaction ID : 63315775

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Freedom FundMailing Address 701 8th Street NW
Suite 500

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Transaction ID : 63315776

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 31

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
Redesignation of previously issued check Redesignation of previously issued check

Candidate Name

Sen. Dean Heller

Office Sought: ☐ House ☒ Senate ☐ President

State: NV District:

Disbursement For: 2012

☐ Primary ☐ General ☒ Other (specify) ▼

2012 General Debt

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 30 / 2014

Transaction ID : 63644236

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Redesignation of previously issued check
Redesignation of previously issued check

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For:

☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For:

☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

13500.00